

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90132 043 \*\*\*\*50.00

<b>DOCUMENT # L06000045344</b>					
<b>1. Entity Name</b> GABBYBEL, LLC					
<b>Principal Place of Business</b> 3961 ALMOND AVE. SARASOTA, FL 34234			<b>Mailing Address</b> 3961 ALMOND AVE. SARASOTA, FL 34234		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HIRE, MICHAEL 2804 FRUITVILLE ROAD SUITE 100 SARASOTA, FL 34237			James E Toole 2750 Ringling Blvd. Ste. 3		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE <u>[Signature]</u> DATE <u>2/21/07</u>					
Filing Fee is \$50.00 Due by May 1, 2007					
Make check payable to Florida Department of State					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUESTON, DANIEL 3961 ALMOND AVE. SARASOTA, FL 34234	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
SIGNATURE: <u>[Signature]</u>				Date: <u>2-21-07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30004151



02182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8748867 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

## MANAGING MEMBERS/MANAGERS

## ADDITIONS/CHANGES

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SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-21-07 941-358-8149